

General

Title

Upper gastrointestinal (GI) cancer: proportion of patients with oesophageal or gastric cancer who undergo curative treatment.

Source(s)

NHS Scotland, Scottish Cancer Taskforce. Upper GI cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland, Scottish Government; 2015 Jan. 41 p. [15 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the proportion of patients with oesophageal or gastric cancer who undergo curative treatment, including:

- Neo-adjuvant chemoradiotherapy or chemotherapy followed by surgery;
- Primary surgery;
- Radical chemoradiotherapy; and
- Endoscopic mucosal resection

Note from the National Quality Measures Clearinghouse: This measure is part of the Cancer Quality Performance Indicators (QPIs) collection. For more information, including a complete list of QPI measure sets, please visit the [Healthcare Improvement Scotland Web site](#) .

Rationale

Evidence suggests that there is a relationship between increasing surgical volumes for oesophageal resection and improved patient outcomes (mortality) (NHS Quality Improvement Scotland, 2008); however, there is conflicting evidence to support an actual volume of procedures. Furthermore, the literature suggests that oesophageal and gastric resection should be performed by surgeons who work in a specialist multidisciplinary team (MDT) in a high volume hospital, with outcomes audited regularly and benchmarked nationally (Scottish Intercollegiate

Guidelines Network [SIGN], 2006; Knight et al., 2011).

The Association of Upper Gastrointestinal Surgeons of Great Britain and Northern Ireland (AUGIS) recommend that a hospital carrying out oesophagogastric surgical resection should consist of 4 to 6 surgeons, undertaking a minimum of 15 resections per surgeon per year (NHS Quality Improvement Scotland, 2008). This recommendation is based on clinical evidence, taking into account the European Working Time Directive which details the staffing requirements for hospital units, training aspects and the requirement to have 24/7 access to specialist consultants.

Curative treatment should be offered to as many patients as possible, as this is proven to have a survival benefit. The UK National Oesophago-Gastric Cancer Audit Report (2012) data demonstrate that around three-quarters of patients receiving treatment with curative intent survived at least 1 year from diagnosis. At two years, just over one-half of patients were still alive (Groene et al., 2012).

Surgical resection of the tumour remains the mainstay of curative treatment for patients with oesophageal or gastric cancer (Groene et al., 2012).

Chemoradiotherapy should be considered in patients with oesophageal cancer who have locally advanced disease, those unfit for surgery or those who decline surgery (SIGN, 2006).

Radiotherapy alone is an option in patients considered unsuitable for combination therapy but is rarely curative for oesophageal cancer (Cromwell et al., 2010).

Evidence for Rationale

Cromwell D, Palser T, van der Meulen J, Hardwick R, Riley S, Greenaway K, Dean S. National Oesophago-Gastric Cancer Audit, 2010. An audit of the care received by patients with Oesophago-Gastric Cancer in England and Wales: third annual report. Leeds (UK): The NHS Information Centre; 2010. 66 p.

Groene O, Cromwell D, Hardwick R, Riley S, Crosby T, Greenaway K. National Oesophago-Gastric Cancer Audit, 2012. An audit of the care received by patients with Oesophago-Gastric Cancer in England and Wales: 2012 annual report. Leeds (UK): The Royal College of Surgeons of England; 2012. 63 p.

Knight G, Earle CC, Cosby R, Coburn N, Youssef Y, Spithoff K, Malthaner R, Wong RKS, Gastrointestinal Cancer Disease Site Group. Neoadjuvant or adjuvant therapy for resectable gastric cancer. Toronto (ON): Cancer Care Ontario (CCO); 2011 Apr 5. 70 p. (Evidence-based series; no. 2-14). [147 references]

NHS Quality Improvement Scotland. Management of bowel cancer services. Edinburgh (Scotland): NHS Quality Improvement Scotland; 2008 Mar. 41 p. [36 references]

NHS Scotland, Scottish Cancer Taskforce. Upper GI cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland, Scottish Government; 2015 Jan. 41 p. [15 references]

Scottish Intercollegiate Guidelines Network (SIGN). Management of oesophageal and gastric cancer. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2006 Jun. 69 p. (SIGN publication; no. 87). [393 references]

Primary Health Components

Oesophageal cancer; gastric cancer; curative treatment; neo-adjuvant chemoradiotherapy; chemotherapy followed by surgery; primary surgery; radical chemoradiotherapy; endoscopic mucosal resection

Denominator Description

All patients with oesophageal or gastric cancer

Numerator Description

Number of patients with oesophageal or gastric cancer who undergo curative treatment (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The collection of data is piloted on a small number of patient records using a paper data collection form produced by the Information Services Division (ISD). The aim is to identify any anomalies or difficulties with data collection prior to full implementation. At least one NHS board in each Regional Cancer Network participates in the pilot.

Evidence for Extent of Measure Testing

NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

Hospital Inpatient

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report
Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients with oesophageal or gastric cancer

Exclusions

None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients with oesophageal or gastric cancer who undergo curative treatment

Note: Curative treatment includes:

- Neo-adjuvant chemoradiotherapy or chemotherapy followed by surgery;
- Primary surgery;
- Radical chemoradiotherapy; and
- Endoscopic mucosal resection

Exclusions

None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Target: 35%

The tolerance within this target takes into consideration patient choice, fitness and co-morbidities which preclude curative treatment.

It is intended as a composite measure of the entire diagnostic and staging pathway, but recognises that the majority of patients will have advanced disease at presentation.

Evidence for Prescriptive Standard

NHS Scotland, Scottish Cancer Taskforce. Upper GI cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland, Scottish Government; 2015 Jan. 41 p. [15 references]

Identifying Information

Original Title

QPI 11 – curative treatment rates.

Measure Collection Name

Cancer Quality Performance Indicators (QPIs)

Measure Set Name

Upper GI Cancer

Measure Subset Name

Surgical Outcome QPIs

Submitter

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Developer

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Funding Source(s)

Scottish Government

Composition of the Group that Developed the Measure

Upper GI Cancer QPI Development Group

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Jan

Measure Maintenance

The Cancer Quality Performance Indicators (QPIs) will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source document available from the [Healthcare Improvement Scotland Web site](#) .

For more information, contact the Healthcare Improvement Scotland at Gyle Square, 1 South Gyle Crescent, Edinburgh, Scotland EH12 9EB; Phone: 0131 623 4300; E-mail: comments.his@nhs.net; Web site: www.healthcareimprovementscotland.org/ .

Companion Documents

The following is available:

- NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p. This document is available from the [Healthcare Improvement Scotland Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on May 19, 2017.

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Production

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